

ORIGINAL

CV 17-5546

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

MAUSKOPF, J.

Patrice / Patrice Doreil

KUO, M.J.

Plaintiff,

[Insert full name of plaintiff/prisoner]

CIVIL RIGHTS COMPLAINT  
42 U.S.C. § 1983

JURY DEMAND

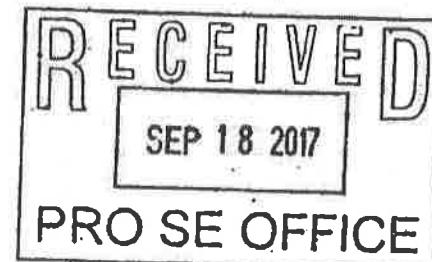
YES  NO

against

Rikers Island OBCC  
otis Bantum Correction  
Center 16-00 Hazen st  
East Elmhurst N.Y 11370

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part II.]



I. Parties: (In Item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Doreil Patrice / Patrice

If you are incarcerated, provide the name of the facility and address:

otis Bantum Correction center (OBCC)  
16-00 Hazen st East Elmhurst N.Y 11370

Prisoner ID Number: 141160 4132

If you are not incarcerated, provide your current address:

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Telephone Number: \_\_\_\_\_

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

LEWIS # 14994

Full Name

Correction officers

Job Title

16-00 Hazen st

East Elmhurst N.Y 11370

Address

Defendant No. 2

Ricker's Island OBC

Full Name

Job Title

16-00 Hazen st

East Elmhurst N.Y 11370

Address

Defendant No. 3

Special search team

Full Name

Correction officers

Job Title

16-00 Hazen st

East Elmhurst N.Y 11370

Address

Defendant No. 4

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

① Where did the events giving rise to your claim(s) occur? 45,6 Lower corridor  
and at 6 Lower Bathroom

② When did the events happen? (Include approximate time and date) 5/19/2016  
at 10:00 / 8/17/17/ at 9:00 in the morning

Facts: (what happened?) (3) On May 19, 2016 of ficer Lewis #14994  
on the corridor on my way to law library, she ordered for  
me to take off my religious cap which at the time I  
complied and she took it away from me. She gave  
me a property receipt #152-4950/10. I explained to her that  
Cap was part of my religion which is no different from Muslim  
kufi or Jewish yamakah.

(6) On August 17, 2017 the special search team officers  
brought me to the Bathroom for a strip search and asked  
me to take my Bracelet off. I told them it was religious  
articles and I also do not consent on taking it off. They  
told me they do not recognize Rastafarian as a reli-  
gion. They hand cuff me, push me to the wall and  
brutally, forcibly take the bracelet off my hand. I shall  
not be treated different because of my religion, race, cult.

(11) Amendment I, Universal Declaration of human rights  
Article 2, 18. OBCC Rules Book, chapter 1 title 40 §1-07  
(A) Policy (B) exercises of Religious beliefs, (G) Religious articles,

II.A. Injuries. If you are claiming Injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I Am scare for my life while being in car-  
rated at Rikers Island. I feel like I am under  
pressure, deprivation of rights, under color of law,  
very stressful. I feel humiliated by the department  
of Correction.

III. Relief: State what relief you are seeking if you prevail on your complaint.

I am seeking for equal rights as Rastafarian. A Redress for discriminating my culture, a relief from oppression and depression. The department of D.O.C needs to recognize Rastafarian which is no difference from Christianity, Muslim, Judaism.

I declare under penalty of perjury that on 09/05/17 (date) I delivered this complaint to prison authorities at Rikers Island B.C.C (name of prison) to be mailed to the United States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 09/05/17

  
Signature of Plaintiff

OTIS Bantom Correction center  
Name of Prison Facility or Address if not incarcerated

16-00 Hazen St EAST

Elmhurst N.Y 11370

Address

1411604B2

Prisoner ID#

  
09/18/2017

★ SEP 18 2017 ★

Form: # 7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1

Attachment B

City of New York, BROOKLYN, Department of Correction

## INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):
Dorcel Partice	1411 604132	121162526
Facility:	Housing Area:	Date of Incident:
OBCC	6 Lower	8/17/17
Date Submitted:		
8/17/17		

All grievances and requests must be submitted within ten (10) calendar days after the incident or event has occurred. The inmate filing the grievance or request must personally complete and submit this form. Upon completion, the Inmate Grievance and Request Program (IGRP) staff, IGRP staff, will time stamp and issue it a unique grievance reference number. IGRP staff shall provide this inmate with a copy of this form as a record of their grievance or request.

## Request or Grievance:

On August 17, 2017 the special search team officers took me to the bathroom for a strip search and asked me to take my bracelet. I told them it was religious articles and I also don't agree on taking it off. they told me they do not recognize Rastafarianism as a religion. They hand cuff me, push me the floor, pull and forcibly take the bracelet of my hand. I don't think I shall be treated different because of my religion, race or culture. Rastafari Lion of Judah is my way of life.

## Action Requested by Inmate:

Religious cap to be returned to me.  
need the bracelet. This is the second religious articles the facility took from me. The first one was in 5/20/2016.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

Yes  
Yes  
Yes

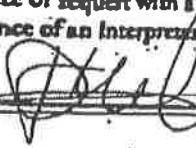
Do you need the IGRP staff to write the grievance or request for you?

No  
No  
No

Have you filed this grievance or request with a court or other agency?

Did you require the assistance of an Interpreter?

Inmate's Signature: Date of Signature: 8/17/17

100% SECURITY GUARANTEED IGRP DOES NOT PROVIDE LEGAL ADVICE		
--	--	--

Time Stamp Below:

Grievance and Request Reference #: Category: Inmate Grievance and Request Program Staff's Signature:

EXHIBIT B

Chapter 1 Title 40

§ 1-07

A) Policy.

Prisoners have an unrestricted right to hold any religious group or organization, as well as to refrain from the exercise of any religious beliefs.

B) exercises of religious beliefs

(1) Prisoners are entitled to exercise their religious beliefs in any manner that does not constitute a clear and present danger to the safety or security of a facility.

C) Religious articles

Consistent with the requirements of Paragraph (b)(i) of this section, prisoners shall be entitled to wear and to possess religious medals or other religious articles including clothing and hats.

Taking any religious articles from me and confiscated as contraband is violating the 1st Amendment of the Constitution. This is the second religious articles the facility took from me.

Inmate Dorci ParteeLast  First 

## Property Receipt

A N<sup>o</sup> 1405436 17  
year

EXHIBIT

Institution OBCC  
Date 3/17/17

NYSID #   
 Book and Case # 1411804138  
 Sentence #

CONTROL/CUFFLOCK#

## WHERE WAS PROPERTY TAKEN:

Admission  Housing Area - Specify: Glouer  Other - Specify:   
 Was this property taken on a search:  Yes /  No

I. Personal Items		II. Clothing		III. Jewelry						
No.	Articles	No.	Articles	Color	No.	Article	Description	Y	W	CS
	Radio		Coat/Jacket			Tooth Cap				
	Personal papers		Pants			Neck Chain				
	Pocketbook		Belts			Earring				
	Gloves		Shoes/Sneaker			Charm				
	Glasses		Shirt/Blouse			Bracelet				
	Wig		Skirt			Watch				
	Wallet		Boots			Ring				
	Keys		Hat							

Identification:  Yes  NoSame Name?  
On Person Y N

U.S. Passport		
Green Card		
Driver's License		
Other Government-issued photo ID		
Birth Certificate		
Social Security Card		
Other:		

## \*\*Please Note:

Description Color:  
 Y-Yellow Metal  
 W-White Metal  
 CS-Color of Stone

## INSTRUCTIONS

1. If you receive more than one (1) item on a line, (e.g., coat/jacket) circle appropriate item then enter the number.

## IV. Miscellaneous

No.	Article
1	Black Shorts
1	Nike Slippers
1	Bracelet
<input type="checkbox"/> NO PROPERTY	

The above item(s) has been received from you because:

It is not on the list of items which are permitted in this facility  
 The quantity is in excess of that allowed in this facility.  
 It may create a health, safety or security hazard, and therefore, you are not permitted to have it in your possession.  
 You have submitted the item to us voluntarily for safekeeping.  
 Other \_\_\_\_\_

Signature of person taking property

6291Jones  
Print Name

Signature of Inmate

3/17/17

Date

1130hrs

Time

SEE APPEAL AND DISPOSAL PROVISIONS ON OTHER SIDE.

## Distribution:

White - Inmate Copy      Yellow - Duplicate (TO BE SECURED WITH PROPERTY)  
 Green - Inmate Legal Folder      Blue - Discharge Planning Center (UPON CITY SENTENCING)

Attachment B

Form: # 7101R, Eff: 09/10/12, Ref: Dir. #3376 - page 1



EXHIBIT  
D

City of New York - Department of Correction

## INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: Dorcil, Farice	Book & Case #: 141-16-04132	NYSID # (optional): 12116252L
Facility: OBCC	Housing Area: 1 Upper	Date of Incident: 5/19/2016
		Date Submitted: 5/20/2016

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number, IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

On May 19, 2016 officer Lewis #14494 on the corridor on my way to the library she ordered me to take off my religious cap which at that time I complied and she took it away from me. She gave me a property receipt #1524950/16. I explain to her that cap was part of my religion. Which is no different from (Muslim's Kufi) and or (Jewish Yamakah). Violating the rules of the city of New York Chapter 1 title 40 § 1-07 A, B1, G (See attached page #2)

Action Requested by Inmate

Religious cap to be returned to me.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

Yes

No

Do you need the IGRP staff to write the grievance or request for you?

Yes

No

Have you filed this grievance or request with a court or other agency?

Yes

No

Did you require the assistance of an Interpreter?

Yes

No

Inmate's Signature:

Date of Signature:

5/20/2016

For DOC Office Use Only		
IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS		
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.		

Time Stamp Below:	Grievance and Request Reference #: OB-469/2016	Category: G-2, Property
Inmate Grievance and Request Program Staff's Signature: 		

Page 1

08  
09  
A  
23  
11  
2016

EXHIBIT  
E

## Chapter 1 title 40

### § 1-07

#### (A) Policy.

Prisoners have an unrestricted right to hold any religious group or organization, as well as to refrain from the exercise of any religious beliefs.

#### (B) exercises of religious beliefs

(1) Prisoners are entitled to exercise their religious beliefs in any manner that does not constitute a clear and present danger to the safety or security of a facility.

#### (g) Religious articles

Consistent with the requirements of paragraph (b)(1) of this section, prisoners shall be entitled to wear and to possess religious medals or other religious articles including clothing and hats.

Form 111RB 2/04

Property Receipt/City of New York Department of Correction

EXHIBIT

F

Inmate

Dorell Partee

Institution

OBIC

Date

5-18-16

NYSID # 124412571  
 Book and Case # 12440432  
 Sentence #

Property Receipt

A N° 1524950

16  
year

CONTROL/CUFFLOCK#

WHERE WAS PROPERTY TAKEN:

Admission  Housing Area - Specify: \_\_\_\_\_  
Was this property taken on a search:  Yes  No

I. Personal Items		II. Clothing			III. Jewelry		
No.	Articles	No.	Articles	Color	No.	Article	Description
							Y W CS
	Radio		Coat/Jacket				
	Personal papers		Pants				Toe Cap
	Pocketbook		Belts				Neck Chain
	Gloves		Shoes/Sneakers				Earring
	Glasses		Shirt/Blouse				Charm
	Wig		Skirt				Bracelet
	Wallet		Boots				Watch
	Keys		Hat				Ring

Identification:  Yes  No

On Person

Same Name?  
Y N

U.S. Passport

\*\*Please Note:

Description Color:

Y-Yellow Metal

W-White Metal

CS-Color of Stone

Green Card

Driver's License

INSTRUCTIONS

1. If you receive more than one (1) item on a line, (e.g., coat/jacket) circle appropriate item then enter the number.

Other Government-issued photo ID

Birth Certificate

Social Security Card

Other:

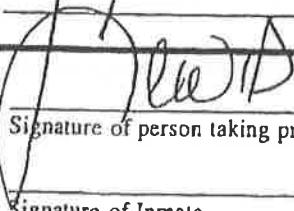
IV. Miscellaneous

No. Article

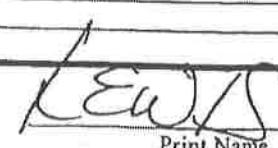
NO PROPERTY

The above item(s) has been received from you because:

It is not on the list of items which are permitted in this facility  
 The quantity is in excess of that allowed in this facility.  
 It may create a health, safety or security hazard, and therefore, you are not permitted to have it in your possession.  
 You have submitted the item to us voluntarily for safekeeping.  
 Other \_\_\_\_\_

  
Signature of person taking property

  
Shield ID #

  
Print Name

Signature of Inmate

Date

Time

SEE APPEAL AND DISPOSAL PROVISIONS ON OTHER SIDE.

Distribution:

White - Inmate Copy Yellow - Duplicate (TO BE SECURED WITH PROPERTY)

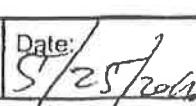
Green - Inmate Legal Folder Blue - Discharge Planning Center (UPON CITY SENTENCING)

	<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> <b>INMATE GRIEVANCE AND REQUEST PROGRAM</b> <b>DISPOSITION FORM</b> <b>Attachment - C</b>			
				Form: # 7102R Eff.: 09/10/12 Ref.: Dir. #3376
<p><b>EXHIBIT G</b></p> <p>If this is a submission not subject to IGRP process, DOC Grievance Supervisor must choose its category and write down the next steps for the inmate.</p> <p><input type="checkbox"/> Staff-on-inmate non-sexual assault (use of force) allegation  <input type="checkbox"/> Staff-on-inmate sexual assault/abuse allegation  <input type="checkbox"/> Staff-on-inmate non-sexual harassment  <input type="checkbox"/> Inmate-on-inmate non-sexual assault allegation  <input type="checkbox"/> Inmate-on-inmate sexual assault/abuse allegation  <input type="checkbox"/> Inmate-on-inmate non-sexual harassment allegation  <input type="checkbox"/> Status as an intended contraband recipient, enhanced restraint, Red ID, or centrally monitored case inmate</p> <p><input type="checkbox"/> Medical staff, e.g., complaints regarding quality of care, request for second medical opinion  <input type="checkbox"/> Mental health staff, e.g., complaints regarding quality of care, request for second medical opinion  <input type="checkbox"/> Request for protective custody (fear for safety)  <input type="checkbox"/> Request for accommodation due to disability  <input type="checkbox"/> Inmate disciplinary process and dispositions  <input type="checkbox"/> Freedom of Information law request  <input type="checkbox"/> Other</p>				
<p>Next steps:</p>		<p>Date of Deadline for Status Update from Relevant Entity:</p>		
Inmate's Signature:	Date:	Grievance Supervisor's Signature:	Date:	
<b>STEP 2: FORMAL HEARING OF INMATE GRIEVANCE RESOLUTION COMMITTEE</b>				
<p>Formal Hearing Disposition: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				
<p>Date returned to inmate: _____</p>		<p>IGRC Members Signatures: _____</p> <p>_____</p> <p>_____</p>		
<p>Please decide within five business days of receipt whether to appeal (Check one box below.)</p> <p><input type="checkbox"/> Yes, I agree with the IGRC hearing disposition.  <input type="checkbox"/> No, I disagree with the IGRC hearing disposition and seek to appeal to the Commanding Officer.</p>				
Inmate's Signature:	Date:	Grievance Supervisor's Signature:	Date:	
<b>STEP 3: APPEAL TO THE COMMANDING OFFICER</b>				
<p>Grievance Supervisor must check only one box below.</p> <p><input type="checkbox"/> Grievance forwarded to the Commanding Officer for action upon IGRC recommendation.  <input type="checkbox"/> Grievance not forwarded to the Commanding Officer (explain): _____</p>				
<p>Grievance Supervisor's Signature:</p>				Date:

CITY OF NEW YORK - DEPARTMENT OF CORRECTION		
	INMATE GRIEVANCE AND REQUEST PROGRAM	Form: # 7115R Eff.: 09/10/12 Ref.: Dir. #3376
GRIEVANCE AND REQUEST INVESTIGATION FORM		
Inmate's Name: Dorcil Partice	Book & Case #: 141-16-04132	NYSID #: 12116252L
Grievance/Request Reference #: OB-469/2016	Facility: OBCC	Housing Area: 1 Upper
<p>Issue: Grievant reports as he traversed the corridor his religious head piece was confiscated as contraband.</p> <hr/> <hr/> <hr/>		
<p>Action Requested: He would like his head piece returned to him.</p> <hr/> <hr/> <hr/>		
<p>Person(s) Contacted:</p> <hr/> <hr/> <hr/>		
<p>Statement(s) Provided:</p> <hr/> <hr/> <hr/>		
<p>Related Documents:</p> <hr/> <hr/> <hr/>		
<p>Conclusion: It is the determination of IGRP that this submission be modified. He will be provided with a property released form and advised to submit it to Social Services.</p> <hr/>		
Completed by:		
Inmate Grievance Representative (Signature):	Date:	
Uniformed Staff Representative (Signature):	Shield:	Date:
Grievance Supervisor (Signature):	Date: <i>5/25/2016</i>	

EXHIBIT

4

CITY OF NEW YORK - DEPARTMENT OF CORRECTION		INMATE GRIEVANCE AND REQUEST PROGRAM		CORRECTION DEPARTMENT CITY OF NEW YORK
		DISPOSITION FORM		
Grievance/Request Reference #: OB-469/2016		Date Filed: 05/23/2016		Facility: OBCC
Title of Grievance or Request: Property		Category: G- #20		
From IGRP Inmate Statement Form, print or type short description of request/grievance:  Grievant reports as he traversed the corridor his religious head piece was confiscated as contraband.				
Action Requested by Inmate: <u>He would like his head piece returned to him.</u>				
STEP 1: INFORMAL RESOLUTION				
Check one box: <input checked="" type="checkbox"/> Grievance <input type="checkbox"/> Request <input type="checkbox"/> Submission not subject to the IGRP process.				
The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below. Alternatively, IGRP staff shall provide an explanation for why the submission is not subject to the IGRP process.				
It is the determination of IGRP that this submission be modified. He will be provided with a property released form and advised to submit it to Social Services.				
Are you satisfied with the proposed resolution?				
<input type="checkbox"/> Yes, I accept the resolution. <input type="checkbox"/> No				
I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not currently available, then the Committee on Religious Accommodations will review my request				
Inmate's Signature:	Date:	Grievance Supervisor's Signature: 		Date: 

EXHIBIT

I

	CORRECTION DEPARTMENT	OPERATIONS DIVISION	
	CITY OF NEW YORK	FORM NO. PU/13	
INMATE PROPERTY RELEASE FORM			

Exhibit J  
Institution: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Area: \_\_\_\_\_ NYSID#: \_\_\_\_\_

Inmate's Name: \_\_\_\_\_ Book & Case #: \_\_\_\_\_

I hereby authorize release of my property as indicated below and issued to the following named person. I understand that the named person may be myself.

Quantity	Description	Receipt Number

**PERSON DESIGNATED TO RECEIVE PROPERTY**

Mail out  Pick-up  Self

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Number & Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Inmate's Signature: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Deputy Warden for Administration

Approved

Disapproved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate \_\_\_\_\_ have received the above inmate property from the New York City Department of Correction.

Identification Presented: \_\_\_\_\_

Inmate / Designee Name (Print)

Inmate / Designee Name (Signature)

Date

Pro Se Writ Clerks

Attn: Pro Se Office  
United States District Court  
for the

Eastern District of New York

225 Cadman Plaza East  
Room 1185

Brooklyn, NY 11201

8:30 A.M. - 4:45 P.M.

(718) 613-2665

UNITED STATES DISTRICT COURT  
FOR THE  
EASTERN DISTRICT OF NEW YORK

Douglas C Palmer  
Clerk of Court

Brenna Mahoney  
Chief Deputy

Corey Nguyen  
Chief Deputy

Carol McMahon  
Chief Deputy



Theodore Roosevelt Federal Courthouse  
Emanuel Cellar Federal Courthouse  
225 Cadman Plaza East  
Brooklyn, NY 11201  
(718) 813-3270

Alfonse D'Amato Federal Courthouse  
100 Federal Plaza  
Central Islip, NY 11722  
(516) 712-6000

**DOCUMENT FILING GUIDELINES FOR PRO SE LITIGANTS**

1. Please use 8.5" by 11" paper. Please do not use legal size or random sized paper.
2. Please use staples, binder clips or rubber bands to organize papers for submission. Please do not glue, tape or bind your submission as this will make scanning of your submission more difficult and may delay it being docketed.
3. Please do not use tabs as they make scanning your submission more difficult. Please label exhibits by either (1) labelling the first page of exhibits as Exhibit 1, Exhibit 2, etc. or (2) inserting a piece of paper between exhibits, which paper should contain the exhibit number e.g. Exhibit 1, Exhibit 2, etc.
4. Please use blue or black ink. Please avoid using a pencil (pencil may smear or fade and may not scan clearly).
5. Please number pages.
6. Please have adequate copies collated and properly organized.
7. Do not mail cash for any reason. Please use checks or money orders.
8. Please do not submit double sided documents. All submissions should be single sided.
9. Please include the case number and the assigned judges on all documents.
10. Unless otherwise instructed, all documents mailed to the court should be addressed as follows:

Clerk's Office  
United States District Court, EDNY  
225 Cadman Plaza  
Brooklyn, NY 11201  
Attention: Pro Se Office

## INSTRUCTIONS FOR FILING A CIVIL RIGHTS COMPLAINT

Attached is a complaint form for filing an action under 42 U.S.C. § 1983. Observe the following instructions for completing the complaint:

1. **Caption:** It is very important, if possible, that you state the first and last name of each defendant and badge number, if appropriate. You are required to furnish the correct name and address of each person so that service of process upon each defendant can be made.
2. **Contents:** The form should be fully completed. It can be typewritten or handwritten. It must be legible. If you need more space to answer a question, attach a separate sheet of 8 1/2 by 11 paper to your complaint. You are required to state facts, such as the date and location of the events. You need not make legal arguments or cite to cases. The complaint must have an original (not photocopied) signature by each plaintiff. The complaint need not be notarized.
3. **Copies:** You must send the Court the original complaint and two exact copies (a complete set of three). You should keep another copy for your records. Copies can be xeroxed, handwritten or typewritten, but all copies must be identical to the original.
4. **Fee:** The filing fee is \$400, payable to the Clerk of the Court, USDC, EDNY by certified check, bank check, personal check, money order or cash (if paying in person). If the filing fee is paid, the U.S. Marshal will not be directed to serve the defendants and plaintiff will be responsible for service of process on defendants. Service of the summons and complaint can be made by anyone over the age of 18 who is not a party to the action. See Fed. R. Civ. P. 4. If you are granted *In forma pauperis* status and are a prisoner, the filing fee is \$360 and is payable in installments.
5. **Inability to Pay the Fee:** If you cannot pay the fee, you may apply to the Court to proceed *In forma pauperis* (IFP) pursuant to 28 U.S.C. § 1915 by completing the attached form. If there is more than one plaintiff, each plaintiff must provide a separate declaration in support of the request to proceed *In forma pauperis*. If you are a prisoner, you must also complete the attached Prisoner Authorization form.
6. **Prisoner's Grievance Procedures:** Prisoners filing an action in federal court regarding prison conditions must first exhaust administrative procedures (such as the prison's grievance procedures). See 42 U.S.C. § 1997e(a). Your case may be dismissed if you have not exhausted your administrative remedies before filing your action in federal court.

When you have completed the forms, mail the original and 2 copies to the:

United States District Court  
Eastern District of New York  
225 Cadman Plaza East, Brooklyn, NY 11201  
Attention: Pro Se Office

or

United States District Court  
Eastern District of New York  
100 Federal Plaza, Central Islip, NY 11722  
Attention: Pro Se Office

Keep this page and a copy of the complaint for your records. You may call 718-613-2665 in Brooklyn or 631-712-6060 in Central Islip if you have questions on how to file your complaint.